

Kimberly Cockerham, MD, FACS
Neuro-Ophthalmology
Thyroid Eye Disease
Eyelid/Orbital Oncology
Oculofacial Restoration

Patient Name:			DOB:
Surgical Procedure:			
Surgical Procedure:	[] Right Eye	[] Left Eye	[] Both Eyes
-	[] Right Eye	[] Left Eye	[] Both Eyes

INFORMED CONSENT FOR REMOVAL OR BIOPSY OF ORBITAL MASS

WHAT IS THE ORBIT?

The orbit is the bony case around the eyeball, lacrimal gland, eye muscles, nerves, blood vessels and fat. It is not unusual that eyelid problems expand behind the eye to involve the orbit.

WHAT CAUSES THE NEED FOR ORBITAL SURGERY?

There are a variety of conditions which require orbital surgery. These include, but are not limited to, mass/tumors (benign or malignant), foreign bodies, inflammation and infection.

WHAT IS DONE DURING SURGERY?

In orbital surgery, an incision is made in or near the eyelid and various surgical techniques may be employed to remove a small amount of tissue for diagnosis or, if possible, the entire mass.

- Your upper lid incision may be hidden in the natural lid crease and/or the undersurface (conjunctiva) and your lower lid incision is made through the skin just beneath the lashes, and/or through the internal surface of the eyelid (conjunctiva).
- There are internal sutures that hold the deeper tissues in position.
- The eyelid is sometimes sutured closed to optimize healing.

WHAT ARE THE ALTERNATIVES?

You may decide to live with your condition and its associated symptoms. However, if you have had an infection, have a known or suspected tumor or are at risk of vision loss your doctor will recommend you proceed with surgery maintain your visual function, prevent spread or even death.

Please initial each of the following to document you have read this carefully.

WHAT YOU SHOULD EXPECT AFTER SURGERY:
Itching for at least one week
Bruising for at least two weeks
Swelling for 2-3 months
Tearing and irritation for at least one month
Inability to wear contact lenses for at least two weeks
Numbness of your eyelashes and eyelids for 3-6 months
Visible scar for 3-6 months

MAILING ADDRESS

MISSION VALLEY 3590 Camino Del Río N Suite 200 San Diego, CA 92108 PH: 619-810-1275 FX: 619-215-0404



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V	WHAT ARE THE RISKS OF SURGERY? Bleeding Infection Opening of the incision due to broken suture or rubbing Asymmetric or unbalanced appearance Scarring requiring injections or revision Difficulty closing the eyes Worsening of dry eye problems	
	 WHAT ARE THE MOST SERIOUS RISKS (RARE BUT POSSIBLE)? Corneal damage Double vision Loss of vision(blindness) You may need additional treatment or surgery to treat these comp additional treatment or surgery is NOT included in the fee for this set. Due to individual differences in anatomy, response to surgery, and guarantees can be made as to your final result. For some patients, changes in appearance may lead to anger, any emotional reactions. 	surgery. d wound healing, no
	I have: Received a copy of this consent Had all my questions answered By signing below. Lam confirming that Dr. Kimberly Cockerborn has a	annuared all of my supertions
	By signing below, I am confirming that Dr. Kimberly Cockerham has a and that I understand and accept the risks and the costs associated wit treatments.	
	Patient Signature:D	Pate:
	Witness Signature: Ti	ime:AM/PM
	Physicians Signature:	

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